

Michigan Department of Health and Human Services
Non-Physician Behavioral Health Fee Schedule
January 2021

Revised: 06/18/2021

| Code | Short Description | Age Range | Non Fac Fee | Fac Fee | Effective Date** |
|-------|------------------------------|-----------------|-------------|----------|------------------|
| 90785 | Psytx Complex Interactive | | \$6.39 | \$5.65 | |
| 90791 | Psych Diagnostic Evaluation | 0 to 21 years | \$132.69 | \$116.00 | |
| 90791 | Psych Diagnostic Evaluation | 21 to 124 years | \$76.96 | \$66.56 | |
| 90832 | Psytx W Pt 30 Minutes | 0 to 21 years | \$36.04 | \$32.14 | |
| 90832 | Psytx W Pt 30 Minutes | 21 to 124 years | \$33.13 | \$29.27 | |
| 90834 | Psytx W Pt 45 Minutes | 0 to 21 years | \$47.85 | \$42.59 | |
| 90834 | Psytx W Pt 45 Minutes | 21 to 124 years | \$43.98 | \$38.78 | |
| 90837 | Psytx W Pt 60 Minutes | 0 to 21 years | \$70.64 | \$62.98 | |
| 90837 | Psytx W Pt 60 Minutes | 21 to 124 years | \$64.93 | \$57.35 | |
| 90839 | Psytx Crisis Initial 60 Min | 0 to 21 years | \$67.22 | \$59.86 | |
| 90839 | Psytx Crisis Initial 60 Min | 21 to 124 years | \$61.81 | \$54.53 | |
| 90840 | Psytx Crisis Ea Addl 30 Min | 0 to 21 years | \$31.85 | \$28.39 | |
| 90840 | Psytx Crisis Ea Addl 30 Min | 21 to 124 years | \$29.27 | \$25.85 | |
| 90847 | Family Psytx W/Pt 50 Min | 0 to 21 years | \$47.93 | \$47.63 | |
| 90847 | Family Psytx W/Pt 50 Min | 21 to 124 years | \$43.68 | \$43.38 | |
| 90853 | Group Psychotherapy | 0 to 21 years | \$12.75 | \$11.25 | |
| 90853 | Group Psychotherapy | 21 to 124 years | \$11.74 | \$10.25 | |
| 90887 | Consultation With Family | 0 to 21 years | \$41.60 | \$37.40 | |
| 90887 | Consultation With Family | 21 to 124 years | \$37.74 | \$32.39 | |
| 96110 | Developmental Screen W/Score | | \$6.90 | NA | |
| 96112 | Devel Tst Phys/Qhp 1st Hr | | \$56.02 | \$55.13 | |
| 96113 | Devel Tst Phys/Qhp Ea Addl | | \$24.96 | \$23.18 | |
| 96116 | Nubhvl Xm Phys/Qhp 1st Hr | | \$41.31 | \$35.66 | |
| 96121 | Nubhvl Xm Phy/Qhp Ea Addl Hr | | \$35.07 | \$31.65 | |
| 96127 | Brief Emotional/Behav Assmt | | \$2.08 | NA | |
| 96130 | Psycl Tst Eval Phys/Qhp 1st | | \$51.42 | \$46.21 | |
| 96131 | Psycl Tst Eval Phys/Qhp Ea | | \$38.93 | \$34.77 | |
| 96132 | Nrpsyc Tst Eval Phys/Qhp 1st | | \$56.77 | \$45.17 | |
| 96133 | Nrpsyc Tst Eval Phys/Qhp Ea | | \$44.28 | \$34.03 | |
| 96136 | Psycl/Nrpsyc Tst Phy/Qhp 1st | | \$19.91 | \$10.40 | |
| 96137 | Psycl/Nrpsyc Tst Phy/Qhp Ea | | \$17.83 | \$8.02 | |
| 96138 | Psycl/Nrpsyc Tech 1st | | \$15.90 | NA | |
| 96139 | Psycl/Nrpsyc Tst Tech Ea | | \$15.90 | NA | |
| 96146 | Psycl/Nrpsyc Tst Auto Result | | \$0.89 | NA | |
| 96156 | Hlth Bhv Assmt/Reassessment | | \$41.46 | \$36.70 | |
| 96158 | Hlth Bhv Ivntj Indiv 1st 30 | | \$28.38 | \$25.11 | |
| 96159 | Hlth Bhv Ivntj Indiv Ea Addl | | \$9.81 | \$8.77 | |
| 96164 | Hlth Bhv Ivntj Grp 1st 30 | | \$4.16 | \$3.72 | |
| 96165 | Hlth Bhv Ivntj Grp Ea Addl | | \$1.93 | \$1.63 | |
| 96167 | Hlth Bhv Ivntj Fam 1st 30 | | \$30.31 | \$26.75 | |
| 96168 | Hlth Bhv Ivntj Fam Ea Addl | | \$10.85 | \$9.51 | |
| 99408 | Audit/Dast 15-30 Min | | \$15.45 | \$14.12 | |
| 99409 | Audit/Dast Over 30 Min | | \$29.72 | \$28.38 | |

**Effective date will only be populated when the rate begins after the published fee schedule date.

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The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

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|-------------|------------------------------|------------------|--------------------|----------------|-------------------------|
| G0396 | Alcohol/Subs Interv 15-30mn | | \$15.45 | \$14.12 | |
| G0397 | Alcohol/Subs Interv >30 Min | | \$28.83 | \$27.49 | |
| G2011 | Alcohol/Sub Misuse Assess | | \$7.28 | \$7.28 | |
| G2250 | Remot Img Sub By Pt, Non E/M | | \$5.20 | \$4.01 | |
| G2251 | Brief Chkin, 5-10, Non-E/M | | \$6.24 | \$5.65 | |

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